

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	ID NO.	DATE
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	521	12-15-00
RESPONSE FORMALITY REVIEW		

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
—	(Through numeral)... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1		24	11/4
2		16	11/4
3		28	11/4
4		01	11/4
5		02	11/4
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50		47	11/4

Claim	Final	Original	Date
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Claim		Date						
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If more than 150 claims or 10 actions  
staple additional sheet here

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